U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 3474 8474	2. Fiscal Year Covered From:
	7 / 7 / 2005 Through: 12 / 37 / 2005
Name and address of person filing.	Name, file number, and address of labor organization.
Name TAMES W ODOM	Name SHEET METHE WORKERS LOCAL NO. 105
	Labor Organization File Number 5.42-636
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2121 AUTO CENTRE DRIVE	Street 2/20 ANTO CENTRE DRIVE
City GLENDORA	City GLENDORA
State   CALIC   ZIP Code + 4 91740	State ZALIE ZIP Code + 4 9/17/40
5. Position in labor organization.  BUSINESS REPRESE	NTATIVE
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street St	7.b. Amount.
The state of the s	
City	
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed James M. Comp	On 5/19/02 909/305-2800
	Telephone Halliber

JAMES W. ODOM

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization  b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	Engleyer	
City		
State ZiP Code ÷ 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12 a Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any). Name	EXPENSE NCIDENTAL TO	
Trade Name, if any:	MEETING WITH INVESTMENT	
P.O. Box, Bldg., Room No., If any	MANAGER	
Street 429 SANTA MONICA BLVD 620		
City SANTA MONICA		
State   CALIF   ZIP Code + 4   90407		
13.b. Is the Business an Employer 2 or Consultant ?	14.b. Amount of payment. 7348.44	



## Sheet Metal Workers' International Association

## Local Union 105

2120 Auto Centre Drive • Glendora, CA 91740 • (909) 305-2800 • FAX (909) 305-2822 Website: www.local105.org • E-Mail: smwia@local105.org

Roy A. Ringwood

Business Manager/ President

Mario V. Teran

Financial Secretary-Treasurer/ Recording Secretary

Bradley J. Rooker

Vice President/ Business Representative

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Francisco Magaña

Richard Marquez

Luther Medina

**Eddie Montes** 

James Odom

Michael Pelliccino

**David Shaver** 

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Business Representative

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Standard Mail Delivery & Certified Mail #: 7002 3150 0004 5129 0854

United States Department of Labor Employment Standards Administration Office of Labor-Management Standards 200 Constitution Avenue N.W., Room N5616 Washington, DC 20210

Re: LM-30 Report, 2005

The information contained in the enclosed LM-30 Report is based on my best effort to make a good faith reconstruction of events occurring in 2005. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 Report.

Sincerely,

James Odom

**Business Representative** 

RAR:imb/DOL.LM.30.05 opeiu #537/afl-cio-clc